

epiTRENDS

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Our State of Health: Statewide Report Complements Community Assessment and Planning Activities

How does the health of Washington residents compare to the health of Americans in general? Good news. On average, Washingtonians are healthier, according to a recently released statewide report. Heart disease, motor vehicle deaths, infant mortality, and the incidence of many infectious diseases all have declined since 1980. About 88% of Washington residents have health insurance or other financial coverage. The bad news, however, is that smoking rates among Washington youth are increasing, and state residents have higher than average rates of suicide and chronic obstructive pulmonary disease.

These findings are among many reported in

The Health of Washington State, the first-ever statewide health assessment report recently released by the Department of Health (DOH). The report, a step toward implementation of the Public Health Improvement Plan (see box), presents an appraisal from three important perspectives: the health status of state residents, major health risks, and the systems that protect, maintain, and improve health.

For each of about 50 selected health indicators, this report includes information on time trends, national and state goals for the year 2000, geographic variation (national, state, and county), and variation by age, gender, race, and

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1996 Public Health Improvement Plan Submitted to Legislature

A healthy community requires more than accessible, high-quality medical care. Also needed is useful information about the nature, magnitude, and causes of health problems; education about what individuals and the community can do to reduce health risks; and measures to protect the community from health threats. By meeting these needs, public health agencies endeavor to accomplish their mission of preventing disease, injury, disability, and premature death, and promoting health.

Through its Public Health Improvement Plan (PHIP), Washington State has been leading the nation in efforts to clearly define the role of public health in prevention, and the resources required to fulfill this role. The original version of the PHIP, drafted in 1994, established the foundation for an enhanced state and local public health system. The Legislature declared its support with the passage of the 1995 Public Health Improvement Act, which provided immediate funding for early improvements and committed the necessary, long-term support needed to achieve standards.

The 1996 plan, submitted to the Legislature in early January 1997, documents improvements, further defines the infrastructure needed to ensure healthy communities, and recommends further enhancements. It is based on three principles that provide a framework for public health in the state: information-based decision making, collaboration, and accountability. The plan includes 16 specific recommendations ranging from the development of core indicators for health assessment, to the need for a statewide dialogue to ensure access to and quality of health services, to principles for financing the public health infrastructure. It is a multi-year blueprint for improving the capacity of the public health system to build healthy communities. To obtain a copy of the 1996 Public Health Improvement Plan, please call 360-753-5871.



State of Health (from page 1)

ethnicity. Each section also presents available information about known health risk and protective factors, high-risk groups, and effective interventions. The Health of Washington State is the most comprehensive, convenient source of statewide health information and, in complementing more detailed local health assessments, can help communities set priorities.

Local Assessments

To meet the need for more detailed local information, each of the 33 local health jurisdictions in Washington has initiated a community assessment process and will prepare a summary report by June 1997. These assessments will be used to guide public health policies and interventions, to monitor progress, and to evaluate effectiveness. Washington's local health jurisdictions are using diverse assessment processes, but common elements include collection and analysis of population-based data, identification and resolution of gaps in the current data, working with community representatives to analyze the data and interpret the results, and dissemination of findings to the wider community.

Fifteen local health jurisdictions had submitted a health status report as of December 1996. The reports are the culmination of new and continuing partnerships among local health jurisdictions, the DOH, private health care

providers, and community members who represent families, neighborhoods, and diverse professions.

A Look at Health Indicators

In a community-shaped process, health assessment can take many forms, although most assessments share some characteristics. For instance, all include a variety of health status indicators that help to characterize a community's general health but also reflect unique characteristics and priorities (Table). Many local jurisdictions have collected information on community values and behaviors using the Behavioral Risk Factor Surveillance Survey (BRFSS) and qualitative methods such as focus groups, community forums, and interviews. Qualitative data validate and give depth to quantitative data traditionally used to monitor health indicators.

Local health jurisdictions have taken great care to collaborate with many community members to identify local needs, values, and perceptions. For example, a local community may decide that years of potential life lost is the most compelling measure of preventable mortality because of its emphasis on protecting children's health. The community process might then lead to an effort to prevent injuries, especially motor vehicle injuries, in 5 to 24 year olds. In contrast, another community may select age-adjusted mortality as a measure of the risk of specific causes of death in all age groups. This community might focus programs on cancer prevention, smoking cessation, and hypertension control.

Both approaches are equally legitimate, but reflect different community values and priorities. The challenge facing local health professionals is to provide useful, accurate, and understandable information so that a community can make rational choices on how to apply limited resources. Each health assessment report thus is unique in reflecting local priorities and circumstances.

To obtain a copy of *The Health of Washington State*, please call 360-753-5871. For more information about your community's health assessment process, contact your local health department or district.

Health of the State Report Available on DOH Home Page

The Health of Washington State and information on health assessment are posted on the Department of Health home page. The address is: <http://www.doh.wa.gov>

TABLE: Indicators common to 15 local health assessment reports, December 31, 1996

Indicator	# Reports
Leading causes of mortality	15
Sociodemographic and economic issues	15
Unintentional injury	15
Maternal and child health	14
Chronic diseases	14
Infectious diseases	13
Violence	13
Substance abuse	11
Mental health	10
Environmental health	10
Oral health	7
Health services	6
Tribal nations	2
Hispanic health	2
Older adults	2

Other topics include: the Hanford Site, Umatilla Army Depot, institutional health, parenting and family issues, and social services.

Monthly Surveillance Data by County

December 1996* – Washington State Department of Health

County	Campylobacter	Giardia	Hepatitis A	Hepatitis B	E. coli O157:H7	Salmonella	Shigella	Meningococcal Disease	Tuberculosis	AIDS	Gonorrhea	Syphilis	Pesticides†	Lead\$#
Adams	0	0	0	0	0	0	1	0	0	0	0	0	0	0/0
Asotin	0	0	0	0	0	3	0	0	0	0	0	0	0	0/0
Benton	1	1	1	2	1	1	2	1	0	0	2	1	0	0/5
Chelan	2	0	0	0	0	3	0	1	0	0	0	0	0	4/80
Clallam	1	1	1	1	1	0	0	0	0	4	1	0	0	0/0
Clark	8	0	1	1	9	1	1	0	0	4	5	0	2	0/0
Columbia	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Cowlitz	0	2	0	0	0	0	0	0	0	1	0	0	0	0/26
Douglas	0	0	0	0	0	0	0	0	0	0	0	1	0	0/0
Ferry	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Franklin	0	0	0	0	0	4	0	0	1	0	2	1	0	1/7
Garfield	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Grant	0	0	0	0	0	0	1	0	0	0	1	0	2	0/3
Grays Harbor	0	0	1	0	0	2	1	0	0	0	0	0	0	0/1
Island	1	0	1	0	2	0	0	1	0	1	1	0	0	0/1
Jefferson	0	0	0	0	1	0	0	0	0	0	0	0	0	0/2
King	35	19	29	9	9	23	11	3	16	59	48	2	1	2/51
Kitsap	3	3	3	0	0	0	0	0	0	1	5	0	0	0/17
Kittitas	0	0	1	0	0	2	0	0	0	0	0	0	0	0/1
Klickitat	0	0	0	0	1	1	0	0	0	0	0	0	0	0/0
Lewis	2	0	0	0	0	1	0	0	0	0	2	0	0	0/1
Lincoln	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Mason	1	0	5	0	0	0	0	0	0	1	1	0	0	0/1
Okanogan	0	0	1	0	0	0	0	0	0	0	0	0	0	0/2
Pacific	0	0	0	0	0	0	0	0	0	0	0	0	0	0/1
Pend Oreille	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Pierce	5	6	4	3	1	2	0	0	2	5	21	1	0	0/139
San Juan	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Skagit	2	0	2	1	1	1	1	1	0	1	0	1	0	1/8
Skamania	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Snohomish	14	8	12	1	0	7	3	0	2	14	3	0	0	0/15
Spokane	8	3	1	0	0	6	18	1	2	0	11	0	0	0/16
Stevens	1	0	0	0	0	0	0	0	0	0	0	0	0	0/2
Thurston	2	1	8	0	1	0	0	1	1	2	3	0	0	0/5
Wahkiakum	0	0	0	0	0	0	0	0	0	0	0	0	0	0/1
Walla Walla	0	0	0	0	0	1	0	0	0	0	0	0	0	1/5
Whatcom	0	0	1	0	5	1	0	0	2	4	2	0	0	0/1
Whitman	0	0	0	0	1	1	0	0	0	0	0	0	0	0/2
Yakima	11	1	0	0	2	1	9	0	0	0	7	0	2	1/24
Unknown														0/0

Current Month	97	45	72	18	35	61	48	9	26	98	115	7	8	10/417
December 1995	151	179	135	42	26	143	76	41	29	53	207	17	10	25/308
1996 to date	1022	581	763	115	186	612	302	101	281	738	2020	141	404	184/5418
1995 to date	1050	854	937	226	140	691	424	126	278	887	2765	210	395	217/3743

* Data are provisional based on reports received as of December 31, unless otherwise noted.

† Unconfirmed reports of illness associated with pesticide exposure.

\$# Number of elevated tests (data include unconfirmed reports) / total tests performed (not number of children tested); number of tests per county indicates county of health care provider, not county of residence for children tested; # means fewer than 5 tests performed, number omitted for confidentiality reasons.



WWW Access Tips

For information on the programs of the Northwest Center for Public Health Practice at the University of Washington School of Public Health and Community Medicine, visit the center's home page at: <http://weber.u.washington.edu/~nwcp.php>

Questions? Comments?

If you have a question about epidemiologic or public health issues, contact the editors at the address on the mailing panel or by email at function@u.washington.edu

Statewide Pregnancy Information for 1993–1994 Now Available

Forty percent of births to Washington mothers in 1993–94 resulted from unintended pregnancies. Thirty percent of these mothers reported that they experienced financial stress during pregnancy and 17% reported smoking cigarettes in the third trimester. This information is included in the recently released 1993–1994 report from the Pregnancy Risk Assessment and Monitoring System (PRAMS).

The PRAMS survey is a population-based surveillance system funded by the Centers for Disease Control and Prevention (CDC) and managed by the Office of Maternal and Child Health, Washington State Department of Health (DOH). Each year DOH sends surveys to more than 3,000 mothers two to six months after they deliver their babies. The 1993–94 report summarizes information obtained from 5,781 surveys of mothers who delivered infants between April 1993 and December 1994.

PRAMS is designed to generate state-specific data for assessing preconception, prenatal, and postpartum health status and health care. This information can be used for health and social services planning and policy development.

To obtain a copy of the report, please contact Jessica Todd at 360-586-3338 or via e-mail at JMT1303@hub.doh.wa.gov. If you have questions about any aspect of the PRAMS survey, please contact Adrienne Dorf at 360-664-0017 or via e-mail at aid0303@hub.doh.wa.gov.

Meningococcal Disease Alert

Nine cases of suspected meningococemia and meningococcal meningitis, including seven in adolescents or adults, were reported in Washington during the first 10 days of 1997. Physicians should be aware that the infection can occur in this older age group. Prompt diagnosis, treatment, and prophylaxis of contacts are essential.

Wound Botulism: Report of an Unusual Drug-Related Case

In November a Spokane hospital reported a case of wound botulism to the Washington State Department of Health. The patient had classic symptoms of double vision, slurred speech, and difficulty swallowing. The patient received antitoxin and antibiotics but still required intubation. A mouse bioassay confirmed the diagnosis. The patient had "skin popped" black tar heroin from California. Injection sites were only slightly indurated, but pus was found during surgical debridement.

Although it is usually associated with traumatic injuries, wound botulism can occur with drug injection. Black tar heroin has been implicated in cases in California (MMWR 1995; 44:889–892). Health care providers considering this diagnosis should be alert for small wounds and should inspect the intranasal septum and paranasal sinuses. DOH staff may be consulted on suspected cases; call 206-361-2914.

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